

CITY OF SPRINGFIELD

Ralph Hammond, Mayor

3529 East Third Street
Post Office Box 3717
Springfield, Florida 32401
(850) 872-7570 * (850) 747-5663 fax



TO START WATER SERVICE

A Deposit of \$175.00 plus a \$15.00 new account setup fee, for a total of \$190.00 is required along with proof of ownership or lease agreement, picture I.D. and Social Security Card/Number.

NEW WATER DEPOSITS OR
OLD BILLS MUST BE PAID
WITH CASH OR MONEY
ORDER ONLY.

THANK YOU FOR YOUR COOPERATION

City of Springfield

INSTRUCTION SHEET
RESIDENTIAL CUSTOMER
APPLICATION FOR WATER/SEWER/GARBAGE/TRASH

1. FILL IN THE BLANKS ON THE FORM THAT APPLY TO YOU.
2. SIGN THE APPLICATION FORM.
3. READ AND SIGN THE HOLD HARMLESS AGREEMENT.
4. A REFUNDABLE DEPOSIT IN THE AMOUNT OF \$175.00, ALONG WITH A NON-REFUNDABLE ACCOUNT SET-UP FEE IN THE AMOUNT OF \$15.00 WILL BE REQUIRED AT THE TIME SERVICE IS SET UP.
5. NO CHECKS WILL BE ACCEPTED FOR DEPOSITS; CASH, MONEY ORDER OR DEBIT CARD ONLY.
6. A PHOTO I.D., LEASE AGREEMENT OR CLOSING PAPERWORK, AND A SOCIAL SECURITY CARD WILL BE REQUIRED TO OBTAIN SERVICE.

PAYING YOUR BILL

Your bill is due by 5pm on the 10th of the month.

- 1 If your bill is NOT POSTED by 5pm on the 10th of the month a 10% late penalty will be added to your bill.
- 2 Your TOTAL bill must be POSTED before 5pm on the 23rd of the month to avoid being placed on the disconnect list which goes out 7am on the 24th of the month.
- 3 If your service is placed on the disconnect list, a reconnect fee of \$15.00 will be charged to your account.
- 4 If you pay by using your bank account, we recommend payment at least 5 days in advance. This allows time for the bank to get it out to the city and your account POSTED in time to avoid the late fee.
- 5 Payments received in the Drop Box outside City Hall will not be POSTED until the following business day.
- 6 If you pay your bill and disconnect fee after 3pm and your service has been cut off, there will be a \$35.00 after hour fee for same day reconnect, otherwise you will be reconnected the following business day.

NOTE: POSTED means the payment is received by the cashier and posted to your account on the computer.

YOUR BILL IS YOUR RESPONSIBILITY AND PAYMENT IS DUE IN FULL, WE DO NOT HOLD BILLS FOR FUTURE PAYMENT!

If you have any questions please call your Water Department at (850) 872-7570 Ext 9.

RETURNED CHECK POLICY

Returned checks with a face amount of less than \$50.00 will be charged a \$25.00 returned check fee. Returned checks with a face amount between \$50.00 and \$300.00 will be charged a \$30.00 returned check fee. Returned checks with a face amount in excess of \$300.00 will be charged \$40.00 or an amount up to 5% of the face value of the check, whichever is greater. In addition to the returned check fee, there will also be a \$10.00 fee which represents the fee our bank charges us for returned checks, regardless of the face value. Your service will be disconnected and a \$15.00 reconnect fee will apply.

ADDITIONAL DEPOSIT REQUIRED

WHEN...

The third time your service is placed on our disconnect list, you will be required to bring in an additional refundable deposit. The amount due will be whatever amount is necessary to make your utility deposit with the City equal to \$250.00.

RESIDENTIAL UTILITIES SERVICE APPLICATION

Application for Service at:

Date: _____

Account Number: _____

Person Liable for Payment:

Last

First

Middle

Date of Birth: _____

Month

Day

Year

Social Security Number: _____

If Business D/B/A

Position Held: _____

Previous Business Account Address:

Business Phone: _____

Mail Bills to:

Delivery Address (Street, City, State, Zip)

Additional Address (Street, City, State, Zip)

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Other Person(s) That Can Act for You:

1. Name: _____
Last First Middle

Date of Birth: _____
Month Day Year

Social Security Number: _____

2. Name: _____
Last First Middle

Date of Birth: _____
Month Day Year

Social Security Number: _____

Nearest Relative Not Living With You

Name: _____
Last First Middle

Phone Number: _____

Relationship: _____

Address: (Street, City, State, Zip)

Landlord

Name: _____
Last First Middle

Phone Number: _____

Relationship: _____

Address: (Street, City, State, Zip)

Other Person(s) At This Address:

OFFICE USE ONLY:

_____ /D.# _____ Issued By

THE AGREEMENTS SHOWN BELOW MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION

The undersigned applicant for residential water/sewer/garbage/trash service states the information provided on the application for city utilities is true and accurate to the best of applicant's knowledge. Applicant also understands that all charges are due as billed and accepts total responsibility for payment of all charges incurred for the services provided, including reasonable attorney's fees and costs incurred for collection of the unpaid balance.

Applicant: _____ Date: _____

HOLD HARMLESS AGREEMENT

The undersigned applicant consents that water services provided at the location described on the front of the application may be turned on without applicant or applicant's representatives present. Applicant further agrees to hold the City of Springfield and its employees HARMLESS should the property, building(s) or premises incur damage as a result of water connection.

Applicant: _____ Date: _____